

Application for Duplicate License or Name Change

Complete this form and submit to the Board at the address below with \$25.00 (check or money order) processing fee. If you are requesting a name change, your original wall certificate must accompany this form along with *legal documents* verifying the name change. If you are requesting a duplicate license, due to an address change, please return your old licenses with this form. If you are requesting active status, please submit with the inactive to active application form.

			License Number: DC		
Name:	Last	First	Middle		
Address:	Number		Street		
	City	State	Zip Code		
Practice Address:	Number		Street		
	City	State	Zip Code		
Work Telephone Number: ()					
E-mail Address (optional)					

DUPLICATE LICENSE

Please check the appropriate box to indicate why you are requesting a duplicate license:

☐ From Inactive to Active ☐ Lost ☐ Stolen ☐ Destroyed ☐ Change of Address

LEGAL NAME CHANGE (attach legal/court order documents)

New Name: First _____ Middle _____ Last _____

Reason for name change:

☐ Marriage ☐ Divorce ☐ Court Order

AFFIDAVIT

I declare under penalty of perjury under the laws of the State of California that the Foregoing is true, correct and complete to the best of my knowledge.

Signature of Licensee

Date

T (916) 263-5355
F (916) 263-5369
TT/TDD (800) 735-2929
Consumer Complaint Hotline
(866) 543-1311

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